

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-975)

SERIAL NO. 1C-1779,542 | FILING DATE.

APPLICANT(S)

CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.					
1	1						51				
2		1					52				
3			1				53				
4				1			54				
5					2		55				
6						1	56				
7							57				
8							58				
9							59				
10							60				
11							61				
12							62				
13							63				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.		2					TOTAL IND.				
TOTAL DEP.		12					TOTAL DEP.				
TOTAL CLAIMS		14					TOTAL CLAIMS				